

Gastric stapling surgery ^[1]

Dear Alice,

How can I get some information on stomach staples?

Answer

Dear Reader,

Stomach stapling is a term many use to refer to one specific type of bariatric (weight loss) surgery, which is more formally known as gastric stapling surgery. Bariatric surgery is a major gastrointestinal procedure intended for severely obese ^[2] people who have made numerous, unsuccessful attempts at losing weight under the supervision of a health care provider. You may have also heard gastric stapling surgery referred to as gastric banding surgery, since either staples or bands (or a combination of both) may be used to separate the stomach into two parts and ultimately are meant to support people in losing weight. Read on for more information on bariatric surgeries, the recovery process, and potential risks.

As mentioned, bariatric surgery is intended for those who have tried more traditional methods of losing weight, such as changing eating patterns, working with dietitians on eating plans, and regular physical activity, under the supervision of a health care provider. To qualify for bariatric surgery, a person needs to have a body mass index (BMI) of 40 or over. There are two subtypes of bariatric surgery: malabsorptive and restrictive. For the former, surgery is used to shorten or bypass part of the small intestine, which reduces the amount of calories and nutrients the body absorbs. Gastric stapling surgery falls into the restrictive subtype, in which surgery is used to physically limit the amount of food the stomach can hold, thereby capping the number of calories a person can eat. Occasionally, restrictive surgeries (such as gastric stapling) are coupled with malabsorptive ones. However, it's ultimately up to the surgeon to recommend the best approach for each person.

While gastric stapling surgery can be performed through either open or laparoscopic methods, surgeons are more often using the latter because it poses fewer risks and may cause less pain and scarring than open surgery. During laparoscopic surgery, the surgeon makes several small cuts in the abdomen and then inserts thin surgical tools and a camera attached to a scope so that internal images are projected onto a monitor. No part of the stomach is actually removed

during gastric stapling or banding surgeries. Rather, the surgeon uses either staples or bands [3] — or a combination of both — to separate the stomach into two parts. One of those parts is a small pouch that can hold between one and three ounces of food at a time. At the lower end of this "new" stomach, there's an opening of about three-quarters of an inch, which slows the movement of food, allowing the person to feel physically full more quickly. As a result, the person will only be able to eat about one cup of food or less at a time.

Everyone recovers differently from bariatric surgery, with maximum weight loss typically occurring somewhere between 10 to 24 months. While there aren't uniform dietary guidelines to adhere to following bariatric surgery, providers generally recommend increasing food consistency gradually over a period of one to two months. Those who have undergone the procedure generally start on a trial of clear liquids in the hospital, advancing in phases to full liquids, soft foods, and then to a more typical diet. The suggested meal plan post-surgery not only promotes weight loss, but also helps prevent nutritional deficiencies. Many are also instructed to take nutritional supplements to replace the nutrients lost due to the reconstruction of the digestive tract. More long-term, those who've undergone bariatric surgery generally have to learn how to change their eating patterns so that they're eating smaller amounts of food and chewing more slowly and thoroughly. Achieving weight loss after bariatric surgery depends largely on a person's motivation to change their eating habits and physical activity routines, which often means engaging in the kind of physical activity that was used when trying to lose weight before the surgery.

It's worth keeping in mind that there are several potential risks involved in undergoing bariatric surgery, such as infection, blood clots, pneumonia, and gallstones, among others. In some procedures, it's possible for the band to erode into the stomach or slip, which may block the flow of food through the band. Although rare, stomach juices may leak out of the stomach and into the abdomen, which may result in the need for additional procedures. Beyond the physical complications, weight loss surgery can be emotionally challenging, given that it involves adjusting to new dietary habits and a changing body. Many feel especially tired during the first four to six weeks after surgery, and may find comfort through the support of a mental health professional or support group.

If you're considering bariatric surgery, consulting with a health care provider is a wise next step and assess how appropriate this type of surgery is for you based on your current health status and health history. They'll likely ask what methods you've already used to try to lose weight, and work with you to come up with other strategies that don't involve surgery. If you're indeed a candidate for bariatric surgery, your provider will refer you to a bariatric surgeon who specializes in the field of obesity and gastrointestinal surgery. For further information, visit the National Institute of Diabetes and Digestive and Kidney Diseases page on Bariatric Surgery [4] or the American Society for Metabolic and Bariatric Surgery website [5].

Alice!

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[2] <https://www.cdc.gov/obesity/adult/defining.html>

[3]

https://www.hopkinsmedicine.org/healthlibrary/test_procedures/gastroenterology/gastric_stapling_restrictive_surgery_pr

[4] <https://www.niddk.nih.gov/health-information/weight-management/bariatric-surgery>

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